| ·, | | PART B | - FEE(S) | TRANSMITTAL | | | | |
|--|---|---|---|---|---|--|---|--|
| Complete and sent this Corne, together with applicable fo | | | | Commissioner f P.O. Box 1450 Alexandria, Vir | Alexandria, Virginia 22313-1450 | | | |
| INSTRUCTIONS: This fo | orm should used for tran | smitting the ISSII | or] | | uired) Blocks I | through 5 c | hould be completed where | |
| | | | ders and noti) specifying a | PUBLICATION FEE (if requification of maintenance fees a new correspondence address | will be mailed to s; and/or (b) indi | the current cating a sepa | correspondence address as | |
| | CE ADDRESS (Note: Use Block 1 for 05/19/2005 | any change of address) | | Note: A certificate o Fee(s) Transmittal. To papers. Each addition | f mailing can on his certificate can all paper, such as | ly be used for anot be used an assignment | or domestic mailings of the for any other accompanying ent or formal drawing, mus | |
| HOFFMAN, WA THREE E-COMM ALBANY, NY 12 | Ce | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. | | | | | | |
| 06/07/2005 MBEYENE2 000 | 00119 090469 097426 | 57 | | | 10 (103) 710 1 | ooo, on the | (Depositor's name) | |
| 01 FC:1501 1400.0 02 FC:1504 300.0 | | | | | | (Signature) | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED IN | | D INVENTOR | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| 09/742,657 | 12/21/2000 | | Hidenori 1 | Nishikawa | JP9 1999 0204 US1 | | 6991 | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FI | EE 1 | PUBLICATION FEE | TOTAL FEE | (S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | | 08/19/2005 | |
| · | EXAMINER | | | CLASS-SUBCLASS | 1 | | | |
| MAHMOUDI, HASSAN | | ART UNIT 2165 | | 707-102000 | J | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the na or agents ((2) the na registered | nting on the patent front page, list arms of up to 3 registered patent attorneys OR, alternatively, me of a single firm (having as a member a attorney or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed. Norman L. Gundel Hoffman, Warnick & D*Alessandro EEC | | | | |
| | O RESIDENCE DATA TO E | BE PRINTED ON T | | | | | | |
| PLEASE NOTE: Unles recordation as set forth i | s an assignee is identified b n 37 CFR 3.11. Completion | elow, no assignee of this form is NO? | data will app T a substitute | pear on the patent. If an assig for filing an assignment. | nee is identified | below, the o | document has been filed fo | |
| (A) NAME OF ASSIGN | | | - | CE: (CITY and STATE OR CO | • | | | |
| Internation | nal Business Ma | chines Cor | poratio | on \ Armonk, 1 | New York | | | |
| | e assignee category or category | ories (will not be pr | inted on the p | oatent): 🗖 Individual 💆 | Corporation or oth | ner private gr | oup entity Governmen | |
| 4a. The following fee(s) are enclosed: 4b Silve Fee | | | b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. | | | | | |
| Dublication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # of Copies | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0469 (IBM) (enclose an extra copy of this form). | | | | | |
| | s (from status indicated abov | • | | cant is no longer claiming SMA | | | | |
| | | | | ny) or to re-apply any previous e other than the applicant; a re- | | | | |
| Authorized Signature W | | | Date May 27, 2005 | | | | | |
| Typed or printed name Michael F. Hoffman | | | | Registration No. 40,019 | | | | |
| This collection of informati an application. Confidentia submitting the completed a | on is required by 37 CFR 1 lity is governed by 35 U.S.C pplication form to the USP1 | 311. The informatio . 122 and 37 CFR O. Time will vary | on is required 1.14. This col depending u | to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any of | the public which minutes to comp comments on the | is to file (an olete, includi amount of ti | d by the USPTO to process ng gathering, preparing, and me you require to complet | |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.